## . PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

MB MB00- 814-A

| CLAIMS AS FILED - PART I (Column 1)                                                                                                                                                            |                                                |                                           |              |                               |                  | mn 2)            |          | SMALL ENTITY TYPE  |                        | OTHER<br>OR SMALL |                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------|-------------------------------|------------------|------------------|----------|--------------------|------------------------|-------------------|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                   |                                                |                                           | 66           |                               |                  |                  | Г        | RATE               | FEE                    | 1                 | RATE                | FEE                    |
| FOR '                                                                                                                                                                                          |                                                |                                           | NUMBER FILED |                               | NUMBER EXTRA     |                  | 8        | BASIC FEE          |                        | OR                | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                        |                                                |                                           | 66 minus 20= |                               | . 46             |                  |          | X\$ 9=             |                        | OR                | X\$18=              | 828                    |
| INDEPENDENT CLAIMS                                                                                                                                                                             |                                                |                                           | Uminus 3 =   |                               | 0                |                  |          | X40=               |                        | OR                | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM P                                                                                                                                                                     |                                                |                                           | RESENT       |                               |                  |                  |          | +135=              |                        | OR                | +270=               | 270                    |
| .At                                                                                                                                                                                            | the difference                                 | in column 1 is                            | less than ze | ro, entei                     | "0" in column 2  |                  | L        | TOTAL              |                        | OR                | TOTAL               | 1808                   |
| 7                                                                                                                                                                                              | Lieby                                          | To ordinin 1                              | MENDED       | (Colur                        | nn 2) (Column 3) |                  |          | SMALL E            | NTITY                  | OR                | OTHER<br>SMALL      |                        |
| IENT A                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY     | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                   | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT A                                                                                                                                                                                    | Tota (25)                                      | .27                                       | Minus        | 3                             | 266              | =                |          | X\$ 9=             |                        | OR                | X\$18=              |                        |
|                                                                                                                                                                                                | Independent                                    | NTATION OF MI                             | Minus        | ENDENT                        | S CLAIM          | - 3              | l L      | X40=               |                        | OR                | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                 |                                                |                                           |              |                               |                  |                  |          | +135=              |                        | OR                | +270=               |                        |
|                                                                                                                                                                                                |                                                |                                           |              |                               |                  |                  |          | TOTAL<br>DDIT. FEE |                        | OR                | TOTAL<br>ADDIT, FEE |                        |
|                                                                                                                                                                                                | 96                                             | (Column 1)                                | - 10         | (Colur                        | mn 2)            | (Column 3)       |          |                    |                        |                   | •                   |                        |
| AMENDMENT B                                                                                                                                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY     | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                   | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                | Total                                          | •                                         | Minus        | (0                            | 0                | =                |          | X\$ 9=             |                        | OR                | X\$18=              |                        |
|                                                                                                                                                                                                | Independent                                    | NTATION OF MU                             | Minus        | •••                           | CLANA            | =                |          | X40=               |                        | OR                | X80=                |                        |
|                                                                                                                                                                                                | THIS! THESE                                    | -                                         | DETIT EE DET | CHOCKI                        | CCAIIVI          |                  | 1        | +135=              |                        | OR                | +270=               |                        |
|                                                                                                                                                                                                |                                                |                                           |              |                               |                  |                  | ۰.       | TOTAL<br>DDIT. FEE |                        | OR                | TOTAL<br>ADDIT, FEE |                        |
|                                                                                                                                                                                                |                                                | (Column 1)                                |              | (Colur                        | nn 2)            | (Column 3)       |          | JOH. FEE           |                        |                   | ADDII. FECI         |                        |
| AMENDMENT C                                                                                                                                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY     | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                   | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                | Total                                          | •                                         | Minus        | **                            |                  | =                |          | X\$ 9=             |                        | OR                | X\$18=              |                        |
|                                                                                                                                                                                                | Independent                                    |                                           | Minus        | ***                           |                  | =                |          | X40=               |                        | 00                | X80=                |                        |
| `                                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |              |                               |                  |                  |          |                    | <del></del>            | OR                |                     |                        |
| * If the entry in column 1 is less than the entry in column 2 write *0" in column 2                                                                                                            |                                                |                                           |              |                               |                  |                  |          |                    |                        | OR                | +270=               |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                |                                           |              |                               |                  |                  |          |                    |                        | OR                | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                |                                                | nber Previously Pai                       |              |                               |                  |                  | er found | d in the app       | ropriate box           | in co             | lumn 1.             |                        |